

ALCOHOL LICENSE COMMITTEE
MEETING MINUTES
CITY OF FOND DU LAC, WISCONSIN
Meeting Room A
160 S Macy Street

March 31, 2025
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Mason Gravelle
Andrew Hayes
Brandon Hiller
Melissa Kolstad
Thomas Schuessler

Absent

Kathryn Strong Langolf (Excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney
Anthony Hahn, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

February 24, 2025 Minutes

A Motion was made by Brandon Hiller to approve February 24, 2025 Minutes and seconded by Scott Gilgenbach, and the motion was **Passed.**

Ayes: Gilgenbach, Gravelle, Hayes, Hiller, Kolstad, Schuessler

Absent: Strong Langolf

INPUT

Audience Comments

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

No audience comments were made.

ACTIONS

Temporary Class "B" Licenses/Picnic Licenses

- Holy Family Catholic Community (Celebration after the Easter Vigil 4/19/2025)
- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
- Downtown FDL Partnership (Night Market 6/26/2025)
- Downtown FDL Partnership (Night Market 7/10/2025)
- Downtown FDL Partnership (Night Market 7/24/2025)
- Downtown FDL Partnership (Night Market 8/7/2025)
- Downtown FDL Partnership (Night Market 8/21/2025)
- Downtown FDL Partnership (Fondue Fest 9/6/2025)
- Downtown FDL Partnership (Holiday Wine Walk 11/8/2025)

A Motion was made by Thomas Schuessler to approve Temporary Class "B" Licenses/Picnic Licenses and seconded by Mason Gravelle, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Hiller, Kolstad, Schuessler

Absent: Strong Langolf

ADJOURN

A Motion was made by Brandon Hiller to adjourn at 4:01 p.m. and seconded by Andrew Hayes, and the motion was **Passed**.

Ayes: Gilgenbach, Gravelle, Hayes, Hiller, Kolstad, Schuessler

Absent: Strong Langolf

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: February 24, 2025 Minutes

Subject:

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
	Minutes_2025_2_24_Meeting(1196).pdf	Minutes

ALCOHOL LICENSE COMMITTEE
MEETING MINUTES
CITY OF FOND DU LAC, WISCONSIN
Meeting Room A
160 S Macy Street

February 24, 2025
4:00 PM

ROLL CALL

Attendance

Present

Scott Gilgenbach
Andrew Hayes
Brandon Hiller
Melissa Kolstad
Kathryn Strong Langolf
Thomas Schuessler

Absent

Mason Gravelle (Excused)

Administrative Staff

Ali Panagopoulos, Deputy City Attorney
Robb Duveneck, Police Captain

Declaration Quorum Present

Chairperson Melissa Kolstad declared a quorum present.

CONSENT AGENDA

January 27, 2025 Minutes

A Motion was made by Thomas Schuessler to approve January 27, 2025 Minutes and seconded by Kathryn Strong Langolf, and the motion was **Passed.**

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

INPUT

The Presiding Officer Shall Limit Comments To Items Noticed On The Agenda

ACTIONS

"Class C" Wine License
Limited Liability Co: LA Nails LLC
Agent Name: Lien Nguyen
Agent Address: 373 Boyd St., Fond du Lac, WI
d/b/a: LA Nails
Business Address: 459 W Johnson St., Suite A

A Motion was made by Andrew Hayes to recommend to the City Council approval of "Class C" Wine License at 459 W Johnson St., Suite A for LA Nails LLC and seconded by Scott Gilgenbach, and the motion was **Passed.**

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong
Langolf

Absent: Gravelle

Class "B" Fermented Malt License
Limited Liability Co: Wisco Cheese & Cheers LLC
Agent Name: Melissa Jacobson
Agent Address: 900 Furnace St., Lavalley, WI
d/b/a: Wisco Cheese & Cheers
Business Address: 362 N Peters Ave., Suite B

A Motion was made by Thomas Schuessler to recommend to the City Council approval of Class "B" Fermented Malt License at 362 N Peters Ave., Suite B for Wisco Cheese & Cheers LLC and seconded by Brandon Hiller, and the motion was **Passed.**

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong
Langolf

Absent: Gravelle

"Class B" Intoxicating Liquor and Class "B" Fermented Malt License
Limited Liability Co: Fond du Lac Beer Co. LLC
Agent Name: Michael Leb
Agent Address: N7430 Niagara Ln., Fond du Lac
d/b/a: Fond du Lac Beer Company
Business Address: 21 4th Street Court

A Motion was made by Kathryn Strong Langolf to recommend to the City Council approval of "Class B" Intoxicating Liquor and Class "B" Fermented Malt License at 21 4th Street Court for Fond du Lac Beer Co. LLC and seconded by Andrew Hayes, and the motion was **Passed.**

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong
Langolf

Absent: Gravelle

ADJOURN

A Motion was made by Scott Gilgenbach to adjourn at 4:16 p.m. and seconded by Kathryn Strong Langolf, and the motion was **Passed.**

Ayes: Gilgenbach, Hayes, Hiller, Kolstad, Schuessler, Strong Langolf

Absent: Gravelle

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: Audience Comments

Subject: The Presiding Officer Shall Limit Comments To Items Noticed On The
Agenda

Initiator:

Location:

Recommendation:

**ALCOHOL LICENSE COMMITTEE
CITY OF FOND DU LAC, WISCONSIN**

Title: Temporary Class "B" Licenses/Picnic Licenses

Subject:

- Holy Family Catholic Community (Celebration after the Easter Vigil 4/19/2025)
- Downtown FDL Partnership (Beer & Bourbon Crawl 5/3/2025)
- Downtown FDL Partnership (Summer Wine Walk 6/13/2025)
- Downtown FDL Partnership (Night Market 6/26/2025)
- Downtown FDL Partnership (Night Market 7/10/2025)
- Downtown FDL Partnership (Night Market 7/24/2025)
- Downtown FDL Partnership (Night Market 8/7/2025)
- Downtown FDL Partnership (Night Market 8/21/2025)
- Downtown FDL Partnership (Fondue Fest 9/6/2025)
- Downtown FDL Partnership (Holiday Wine Walk 11/8/2025)

Initiator:

Location:

Recommendation:

ATTACHMENTS:

	File Name	Description
📎	Holy_Family.pdf	Applications
📎	March_Special_Class_B_s_redacted.pdf	Applications

Temporary Alcohol Beverage License

Municipality
City of FDL
rpt # 7156

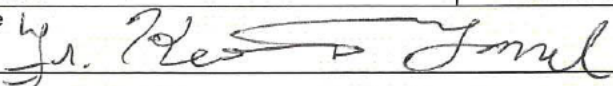
License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10-
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$
	Total Fees	\$ 10.00

Part A: Organization Information		
1. Organization Name Holy Family Catholic Community		
2. Organization Permanent Address 271 4th St Way		
3. City Fond du Lac	4. State WI	5. Zip Code 54937
6. Mailing Address (if different from permanent address)		
7. FEIN	8. Date of Organization/Incorporation 07/01/2000	9. State of Organization/Incorporation WI
10. Phone 920-921-0580	11. Email ethelen@hffdl.org	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input checked="" type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		
15. Agent/Contact Person of Organization in charge of Affair	16. Agent/Contact Person's Phone Number or Email	
17. Agent/Contact Person's Address	18. Agent/Contact Person's Date of Birth	

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization			
Last Name	First Name	Title	Phone
Grob	Jeffrey	Archbishop	
Pruess	Ryan	Father	
Michels	Steven		
Schneider	Harold		

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Celebration after the Easter Vigil			
2. Dates of Operation April 19		3. Hours of Operation 11:00pm-midnight	
4. Premises Address 271 Fourth Street Way			
5. City Fond du Lac		6. State WI	7. Zip Code 54937
8. County Fond du Lac	9. Governing Municipality of: <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village Fond du Lac		10. Aldermanic District
11. Organizer of Event (if not the named applicant) Eva Thelen		12. Email and/or Phone Number for Organizer of Event ethelen@hffdl.org	
13. Organizer Website hffdl.org		1 [REDACTED]	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Our priest team would like to host a social after the Easter Vigil Mass, and have requested that beer be made available in our indoor gathering space which is attached to the church. I've attached a map of the facility with the gathering space highlighted.			

Part D: Attestation			
Who must sign this application? • one officer or director of the nonprofit organization			
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.			
Last Name Tanel		First Name Kevin	
Title Father		Email frtanel@hffdl.org	M.I. 920-921-0580
Signature 		Date 3/18/25	

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk MAR 19 2025	License Number C-0038
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

3-20-25

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

☒ Granted a license

☐ Denied a license

Comments

A3H 125

To whom it may concern,

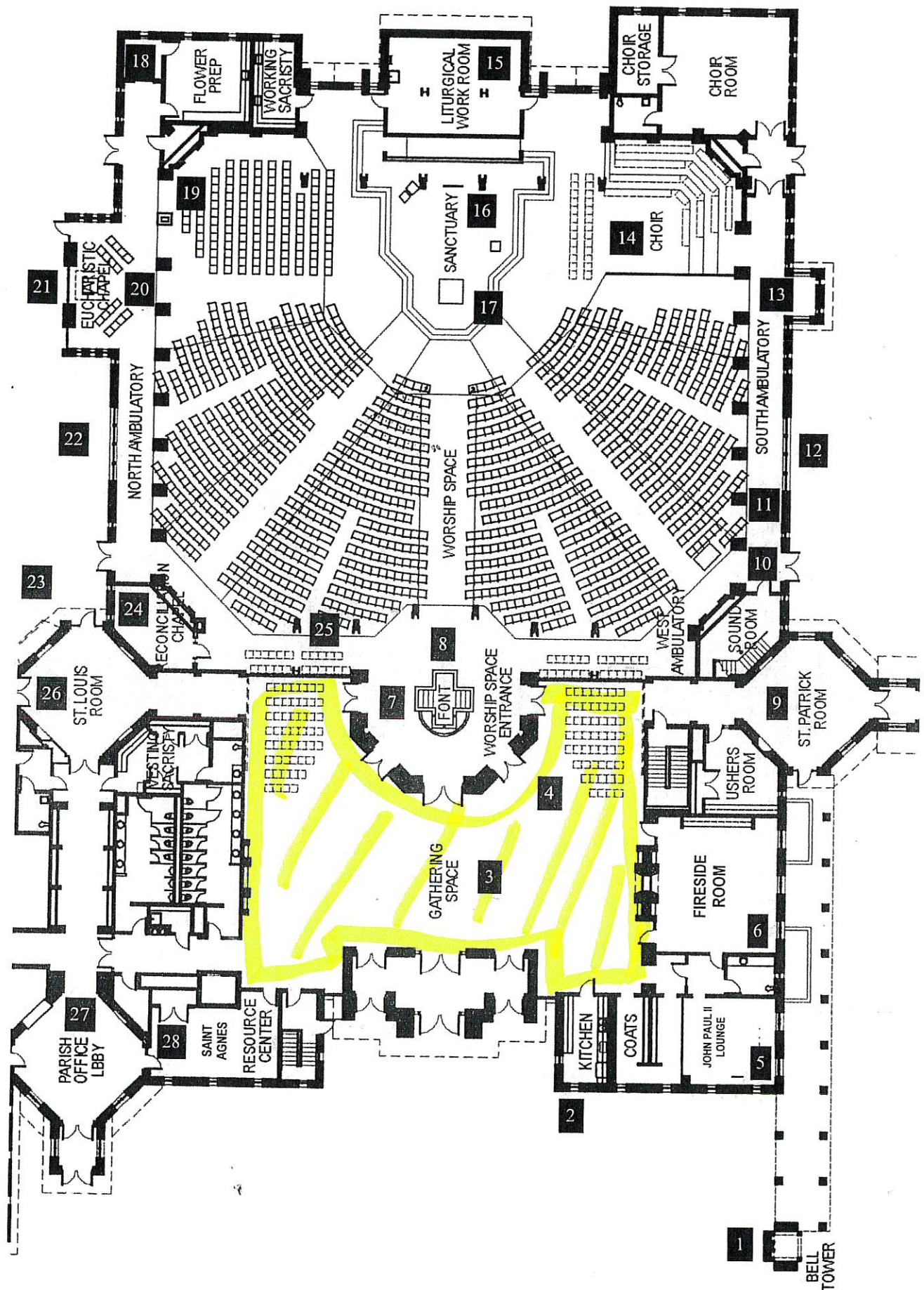
On April 19th after the Easter Vigil Mass, our priest team would like to host a social to celebrate the newly baptized and confirmed adults. This Mass takes place from 8am to 11pm, and the social would follow. The social will be indoors in the church gathering space. The priest team would like us to serve beer, as we understand that the city does not permit wine after 9pm.

For my role as the Director of Parish Events, I am a licensed bartender with the City of Fond du Lac. I will be present at the event. We have volunteers available to check ID's as well. This social is open to the public.

Thank you for your consideration,

A handwritten signature in black ink that reads "Eva Thelen-Dunphy". The signature is written in a cursive, flowing style.

Eva Thelen-Dunphy
Director of Parish Events
Holy Family Catholic Community
920-921-0580 ext 202
ethelen@hffdl.org

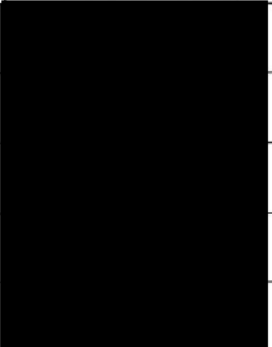


Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information		
1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

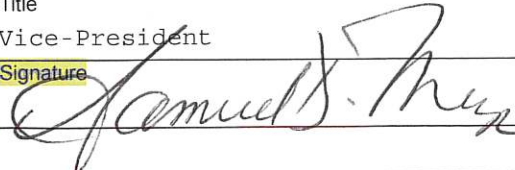
1. Name of Event (if applicable) Downtown Fond du Lac Beer and Bourbon Crawl			
2. Dates of Operation Saturday, May 3, 2025		3. Hours of Operation 1:00 pm to 5:00 pm	
4. Premises Address various businesses with BID district			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. various Downtown Fond du Lac businesses within BID district.			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 01/17/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk JAN 17 2025	License Number C-0018
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

rpt # 6788

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 072225

 Denied a license


Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25
rush fee will be charged, for a total of \$35 due.

Part A: Organization Information		
1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

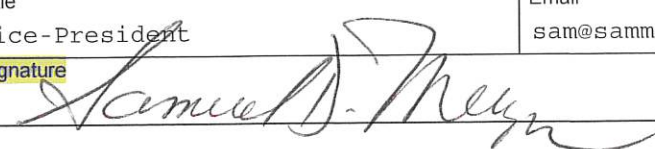
1. Name of Event (if applicable) Downtown Fond du Lac Summer Wine Walk			
2. Dates of Operation Friday, June 13, 2025		3. Hours of Operation 4:00 pm to 8:00 pm	
4. Premises Address various businesses with BID district			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. various Downtown Fond du Lac businesses within BID district.			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 			Date 01/17/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk JAN 17 2025	License Number C-0017
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

rpt # 6787

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 01.22.25

 Denied a license

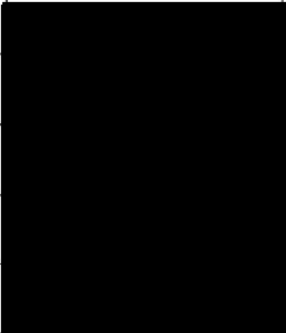
Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

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3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

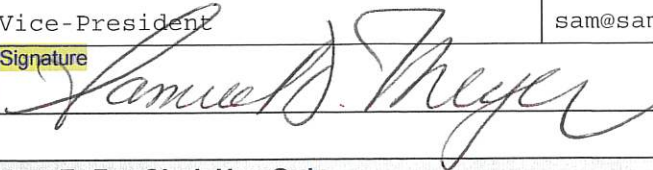
1. Name of Event (if applicable) Downtown Fond du Lac Night Market		
2. Dates of Operation Thursday, June 26, 2025		3. Hours of Operation 5:00 pm to 8:00 pm
4. Premises Address Main Street between Division and Forest including Sheboygan to Portland		
5. City Fond du Lac		6. State WI
		7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC	
10. Aldermanic District N/A		
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Street between Division St and Forest Ave including Sheboygan St to Portland St		

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 01/17/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk JAN 17 2025	License Number C-0013
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

rpt # 6783

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 07.22.25

 Denied a license

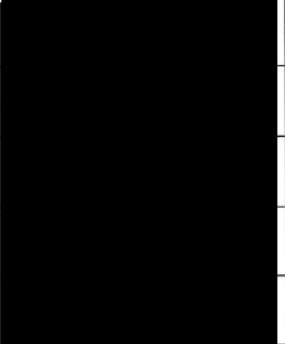
Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information			
1. Organization Name Downtown Fond du Lac Partnership			
2. Organization Permanent Address 131 S. Main Street, Suite 101			
3. City Fond du Lac		4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)			
7. FEIN 46-1169019	8. Date of Organization/Incorporation		9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com		
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.			
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
14. Wisconsin Seller's Permit Number (if applicable)			

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

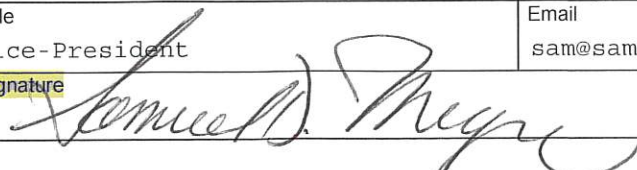
1. Name of Event (if applicable) Downtown Fond du Lac Night Market			
2. Dates of Operation Thursday, July 10, 2025		3. Hours of Operation 5:00 pm to 8:00 pm	
4. Premises Address Main Street between Division and Forest including Sheboygan to Portland			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Street between Division St and Forest Ave including Sheboygan St to Portland St			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date 01/17/25

Part E: For Clerk Use Only

Date Application Was Filed With Clerk JAN 17 2025	License Number C-0015
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 07.22.25

 Denied a license


Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information		
1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

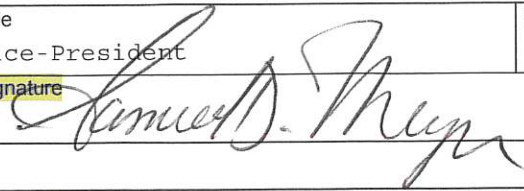
1. Name of Event (if applicable) Downtown Fond du Lac Night Market		
2. Dates of Operation Thursday, July 24, 2025		3. Hours of Operation 5:00 pm to 8:00 pm
4. Premises Address Main Street between Division and Forest including Sheboygan to Portland		
5. City Fond du Lac		6. State WI
		7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC	
		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Street between Division St and Forest Ave including Sheboygan St to Portland St		

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com		Phone (920) 924-4425
Signature 		Date 01/17/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk JAN 17 2025	License Number C-0014
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

rpt # 6784

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 07.22.25

 Denied a license

Comments _____

Temporary Alcohol Beverage License

Municipality
CITY OF FOND DU LAC

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 0.00
	Total Fees	\$ 10.00

*If not filed 15 days prior to ALC Meeting, a \$25
rush fee will be charged, for a total of \$35 due.*


Part A: Organization Information

1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

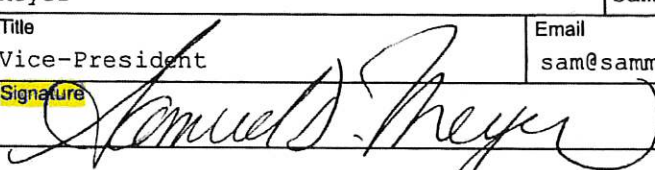
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary.

Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Downtown Fond du Lac Night Market			
2. Dates of Operation Thursday, August 7, 2025		3. Hours of Operation 5:00 pm to 8:00 pm	
4. Premises Address Main Street between Division and Forest including Sheboygan to Portland			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Street between Division St and Forest Ave including Sheboygan St to Portland St			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date 01/17/25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 17 2025	License Number C-0012
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 07.22.25

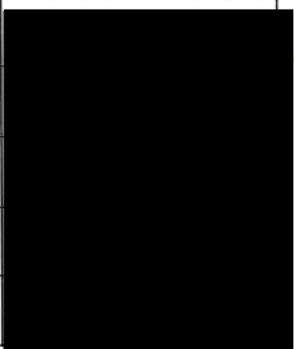
 Denied a license

Comments _____

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine <input checked="" type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 0.00
	Total Fees	\$ 10.00

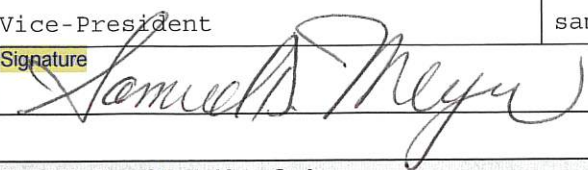
*If not filed 15 days prior to ALC Meeting, a \$25
rush fee will be charged, for a total of \$35 due.*

Part A: Organization Information		
1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
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Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Downtown Fond du Lac Night Market			
2. Dates of Operation Thursday, August 21, 2025		3. Hours of Operation 5:00 pm to 8:00 pm	
4. Premises Address Main Street between Division and Forest including Sheboygan to Portland			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website downtownfdl.com/beer-bourbon-crawl	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main Street between Division St and Forest Ave including Sheboygan St to Portland St			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
<p>READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.</p>		
Last Name Meyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date 01/17/25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 17 2025	License Number C-0014
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 07.22.25

 Denied a license

Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input type="checkbox"/> Temporary "Class B" Wine	License Fees	\$ 10.00
<input checked="" type="checkbox"/> Temporary Class "B" Beer	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

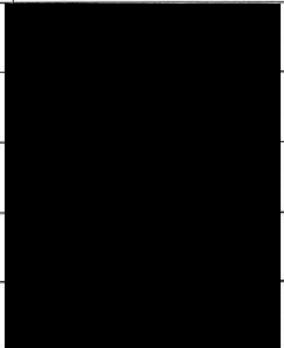
Part A: Organization Information

1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information

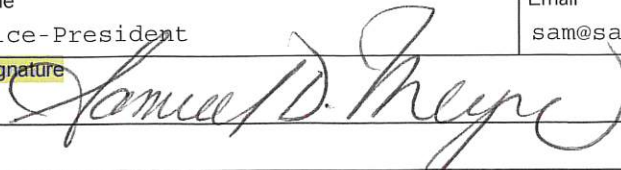
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Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).

Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information			
1. Name of Event (if applicable) Fondue Fest			
2. Dates of Operation September 6, 2025		3. Hours of Operation 9:00 am to 5:00 pm	
4. Premises Address Main St from Merrill Ave to Western Ave			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/fondue-fest/	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. Main St from Merrill Ave to Western Ave including side streets between Macy & Marr			

Part D: Attestation		
Who must sign this application? • one officer or director of the nonprofit organization		
READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.		
Last Name Mwyer	First Name Sam	M.I.
Title Vice-President	Email sam@sammeyeragency.com	Phone (920) 924-4425
Signature 		Date 01/17/25

Part E: For Clerk Use Only	
Date Application Was Filed With Clerk JAN 17 2025	License Number C-0011
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 072225

 Denied a license

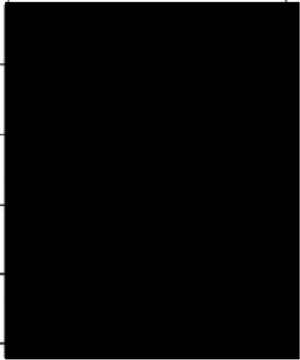
Comments _____

Temporary Alcohol Beverage License

License(s) Requested	Fees	
<input checked="" type="checkbox"/> Temporary "Class B" Wine <input type="checkbox"/> Temporary Class "B" Beer	License Fees	\$ 10.00
	Background Check	\$ 0.00
	Total Fees	\$ 10.00

If not filed 15 days prior to ALC Meeting, a \$25 rush fee will be charged, for a total of \$35 due.

Part A: Organization Information		
1. Organization Name Downtown Fond du Lac Partnership		
2. Organization Permanent Address 131 S. Main Street, Suite 101		
3. City Fond du Lac	4. State WI	5. Zip Code 54935
6. Mailing Address (if different from permanent address)		
7. FEIN 46-1169019	8. Date of Organization/Incorporation	9. State of Organization/Incorporation Wisconsin
10. Phone (920) 322-2007	11. Email info@downtownfdl.com	
12. Organization type (check one) <input type="checkbox"/> Bona Fide Club <input type="checkbox"/> Church <input type="checkbox"/> Fair Association/Agricultural Society <input type="checkbox"/> Veteran's Organization <input type="checkbox"/> Lodge/Society <input checked="" type="checkbox"/> Chamber of Commerce or similar Civic or Trade Organization under ch. 181, Wis. Stats.		
13. Is this organization required to hold a Wisconsin Seller's permit? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
14. Wisconsin Seller's Permit Number (if applicable)		

Part B: Individual Information			
List the name, title, and phone number for all officers, directors, and agent of the organization. Include an Individual Questionnaire (Form AB-100) for each person listed below. Attach additional sheets if necessary. Corporations must also include Alcohol Beverage Appointment of Agent (Form AB-101).			
Last Name	First Name	Title	Phone
Raflik	J.J.	President	
Meyer	Sam	Vice President	
Gross	Tyler	Secretary	
Kittleson	Andy	Treasurer	
Krupp	Amy	Executive Director	

Continued →

Part C: Event Information

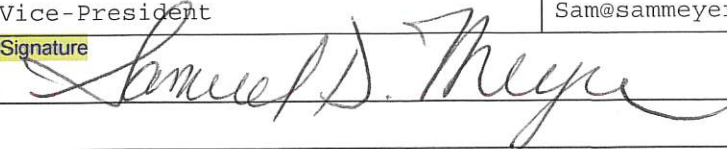
1. Name of Event (if applicable) Downtown Fond du Lac Holiday Wine Walk			
2. Dates of Operation November 8, 2025		3. Hours of Operation 12:00 pm to 5:00 pm	
4. Premises Address various businesses with BID district			
5. City Fond du Lac		6. State WI	7. Zip Code 54935
8. County FOND DU LAC	9. Governing Municipality <input checked="" type="checkbox"/> City <input type="checkbox"/> Town <input type="checkbox"/> Village of: FOND DU LAC		10. Aldermanic District N/A
11. Organizer of Event (if not the named applicant) Megan Sigrist / Amy Krupp		12. Email and/or Phone Number for Organizer of Event Megan@downtownfdl.com / Amy@downtownfdl.com, 920-322-2006	
13. Organizer Website www.downtownfdl.com		14. Event Website https://downtownfdl.com/wine-walk/	
15. Premises Description - Describe the building or buildings and any outside areas where alcohol beverages and records are sold, stored, or consumed, and related records are kept. Describe all rooms within the building, including living quarters. Authorized alcohol beverage activities and storage of records may occur only on the premises described in this application. Attach a map or diagram and additional sheets if necessary. various Downtown Fond du Lac businesses within BID district.			

Part D: Attestation

Who must sign this application?

- one officer or director of the nonprofit organization

READ CAREFULLY BEFORE SIGNING: Under penalty of law, I have answered each of the above questions completely and truthfully. I agree that I am acting solely on behalf of the applicant organization and not on behalf of any other individual or entity seeking the license. Further, I agree that the rights and responsibilities conferred by the license(s), if granted, will not be assigned to another individual or entity. I agree to operate according to the law, including but not limited to, purchasing alcohol beverages from Wisconsin-permitted wholesalers. I understand that lack of access to any portion of a licensed premises during inspection will be deemed a refusal to allow inspection. Such refusal is a misdemeanor and grounds for revocation of this license. I understand that any license issued contrary to Wis. Stat. Chapter 125 shall be void under penalty of state law. I further understand that I may be prosecuted for submitting false statements and affidavits in connection with this application, and that any person who knowingly provides materially false information on this application may be required to forfeit not more than \$1,000 if convicted.

Last Name Meyer		First Name Sam	M.I.
Title Vice-President	Email Sam@sammeyeragency.com	Phone (920) 924-4425	
Signature 		Date 01/17/25	

Part E: For Clerk Use Only

Date Application Was Filed With Clerk JAN 17 2025	License Number C-0010
Date License Granted	Date License Issued
Signature of Clerk/Deputy Clerk	

rpt # 6781

CITY OF FOND DU LAC

Memorandum

Date:

To: Chief of Police Attn: Records Division

From: City Clerk

Subject: Temporary Class B License

The application copied on the reverse side was filed with this office within the preceding forty-eight hours.

It is respectfully requested that your recommendation on the granting and issuance of a license be provided to this office.

CITY OF FOND DU LAC

Memorandum

Date:

To: City Clerk

From: Chief of Police

Subject: Temporary Class B License

I hereby recommend that the application be:

 X Granted a license CPT RD, #121 072225

 Denied a license

Comments _____
